



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF FORT WAYNE

City of Hospital: Fort Wayne, Indiana

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Karen Till

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Medicare Provider Number: 15-3030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$34272205
Outpatient Patient Service Revenue	\$14840
Total Gross Patient Service Revenue	\$34287045

2. Deductions From Revenue

Contractual Allowance	\$24136516
Other Deductions	\$0
Total Deductions	\$24136516

3. Total Operating Revenue

Net Patient Service Revenue	\$10150529
Other Operating Revenue	\$96803
Total Operating Revenue	\$10247332

4. Operating Expenses

Salaries and Wages	\$5751908	Employee Benefits	\$1247180
Depreciation and Amortization	\$436867	Interest Expense	\$0
Bad Debt	\$79598	Other Expenses	\$2819701
Total Operating Expenses	\$10335254		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-87922	Total Assets	\$13220486
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$17245432

Total Net Gains	\$-87922
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$18789352	\$13187874	\$5601478
Medicaid	\$5295390	\$4155977	\$1139413
Other Government	\$26584	\$22596	\$3988
Other State	\$0	\$0	\$0
Other Payers	\$10175719	\$6770069	\$3405650
Total	\$34287045	\$24136516	\$10150529

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$34099
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$10199	
HCI Payments	\$0		
Subtotal	\$0	\$10199	\$-10199
Medicaid Shortfalls	\$1139413	\$1583913	
Subtotal	\$1139413	\$1594112	\$-454699
DSH Payments	\$0		
Subtotal	\$1139413	\$1594112	\$-454699
Medicare Shortfalls	\$5601478	\$5620115	
Other Government Programs	\$3988	\$7952	
Total	\$6744879	\$7222179	\$-477300

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments